



OMB #: _____
Expiration Date: _____

How To Prepare for Your Next Appointment

You are scheduled to visit the (*name of clinic*) on (*date of visit*) at (*time of visit*).

- ❖ ***We ask that you remove all toe nail polish before the visit.***
- ❖ ***We ask that you not clip your toe nails for 3 days before the visit.***

Some NCS measurements are best done on fasting blood samples (when you do not eat or drink for 9 hours). We ask that you follow these instructions.

The night before the visit:

- ❖ ***Do not eat or drink anything other than water after 11:30 PM.***

The morning of the visit:

- ❖ ***Do not eat or drink anything other than water. (You can have coffee or tea without sweetener or milk. Do not chew gum or use breath mints or cough drops.)***
- ❖ ***Take your prescriptions with water (other than pills for diabetes—see below).***
- ❖ ***If you take vitamins, other supplements, or non-prescription medicines, please do not take them before your visit.***
- ❖ ***We will provide you with a snack after we have finished collecting your blood sample.***

If you have diabetes and take pills or insulin to treat it:

- ❖ ***Please do not take your diabetes pills or insulin before your visit. You can take them after the blood sample has been collected. You may eat after the blood sample has been collected.***

Please bring the 6 saliva samples (3 samples per day on 2 different days) with you to the clinic.

- ❖ ***Place the cold packs in the freezer two days before the visit.***
- ❖ ***Place the storage box containing all six samples into the cooler and place the cold packs above the storage box.***
- ❖ ***Place all forms into the plastic bag that was included in the Saliva Collection Kit and put the bag in the cooler.***

If you use any pesticide products for insects, ***please gather the containers for all of the pesticide products you have used since our last visit.*** Our staff would like to look at the labels during the visit.

Our data collectors would also like to look at the labels for any ***prescription and non-prescription medicines, and any vitamins, minerals, herbals, and other dietary supplements*** you have taken ***since our last visit.*** Please ***gather the containers*** and have them available during the visit.

Also, have your ***Pregnancy Medical Care Log*** available so that you can refer to it during the interview.



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For a few of the measures, the data collector will need access to your shoulder and upper back area.

❖ ***If you own one, please wear a sleeveless, loose-fitting shirt.***

If you have any further questions about how to prepare for this Study visit, you may contact your Study Center at xxx-xxx-xxxx.